



***STATE OF HAWAII
OFFICE OF VETERANS SERVICES***

***“PROUD TO SERVE THOSE
WHO SERVED
OUR COUNTRY”***

STATE OF HAWAII

OFFICE OF VETERANS SERVICES

- *Information and Referral*
- *Establish and Maintain Records/Files*
- *Short Term Counseling*
- *File Claims and Appeals*
- *Legal Name Changes*
- *Discharge Upgrade*
- *Burial Assistance / Allowance*
- *Represent Veterans at Hearings*
- *Notary Public Services*

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)		6. RESERVE OBLIG. TERM. DATE Year Month Day	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8.b. STATION WHERE SEPARATED			
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) IR		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period			
		b. Separation Date This Period			
		c. Net Active Service This Period			
		d. Total Prior Active Service			
		e. Total Prior Inactive Service			
		f. Foreign Service			
		g. Sea Service			
h. Effective Date of Pay Grade					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) IK					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) S					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
				Yes	No
16. DAYS ACCRUED LEAVE PAID					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes No					
18. REMARKS HIE					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS			Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
21. SIGNATURE OF MEMBER BEING SEPARATED			IC		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 Initials	

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- Compensation (service connected) Condition must be Documented in Service Medical Record
- Pension (non-service connected) Totally disabled due to reasons not related to Military Service; and have low/no income.

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CERTIFY ELIGIBILITY FOR VETERANS LICENSE PLATES

- ***VETERAN, WW II , KOREAN, VIETNAM, or PERSIAN GULF VETERAN;***
- ***COMBAT VETERAN OR COMBAT VETERAN (IF AWARDED A PURPLE HEART),***
- ***PEARL HARBOR SURVIVOR,***
- ***FORMER-POW, AND***
- ***VETERAN MOTORCYCLE PLATE***

STATE OF HAWAII

OFFICE OF VETERANS SERVICES

- *E-Mail Address: ovs@ovs.hawaii.gov*
- *Web Site: www.dod.state.hi.us/ovs*
- *Web Site National: www.nasdva.com*

STATE OF HAWAII OFFICE OF VETERANS SERVICES



- *DD 214 is a very important document*
- *Apply for medical benefits, if appropriate*
- *54 State Offices or Departments*
- *We are there to serve you!*



Office of Veterans Services

***“Proud to Serve Those Who Served
Our Country”***

433-0420